



School Year: _____
Site: _____
Date Received: _____
Entered into NCPK: _____
Entered into NCWise: _____
FOR OFFICE USE ONLY

North Carolina Pre-Kindergarten Program Application

Child's Full Name: _____ Date of Birth: _____
First Middle Last

Address: _____
Street City Zip

Mailing Address: _____

Home Phone: _____ Cell or Work Phone: _____

Family size: _____ Adults living with family: _____

Child lives with: Both Parents Mother Father Other: _____

Names of Sibling(s) & school they attend: _____

Race: *(check all that apply)*

- American Indian or Alaska Native Asian Black or African American
- Native Hawaiian or Other Pacific Islander Spanish/Hispanic/Latino White or European American
- Other: _____

Gender: Male Female N.C. Resident Yes No U.S. Citizen Yes No

Which elementary school will your child attend? _____

- Tentatively approved preschool sites (check preferred site): Almost Home Central Davie Preschool JK1 Head Start
- Cooleemee Preschool Cornatzer Preschool Kountry Kids Learning Center Mocksville Preschool Mudpies (Mocksville Child Dev)
- Pinebrook Preschool William R. Davie Preschool Shady Grove Preschool Young Children's Learning Center
- A Child's World

Is English spoken in the home? No English Some English We speak fluent English

What language(s) are spoken in the home? _____

Total **annual** income prior to taxes is (unless child is in Foster Care where income is 0): Mother \$ _____ Father \$ _____

Other income (welfare, child support, social security, retirement): \$ _____

Are you currently employed? Yes No If no, are you currently looking for employment or going back to school? Yes No

Is your child currently enrolled in a Pre-Kindergarten or childcare program? Yes No

If yes, which one and the dates enrolled? _____

If no, has your child ever been enrolled in a childcare program? Yes No

If yes, where did your child attend? _____

Are you or your spouse an active member of the military? Yes No

Do any of your children receive subsidy from the Department of Social Services? Yes No

Does your child have any special developmental needs or disabilities? Yes No

If yes: Does your child have an Individualized Education Plan? Yes No

Does your child have any chronic health problems such as asthma, diabetes, sickle cell anemia, etc.? Yes No

If yes, please explain (doctor's note must be provided to prove diagnosis): _____

Has your child received a developmental screening or evaluation? Yes No

If yes, please tell us about any areas of concern. _____

Is there any other information you would like to share with us? _____

The following must be turned with this application:

___birth certificate

___proof of income

The following may be verified by school staff before your application may be accepted:

___residency

The following documentation is required before your child can attend a North Carolina Pre-Kindergarten program:

___immunization records

___kindergarten health assessment

Please read the following statements carefully and initial by each.

___I certify that all of the given information is true and correct and that all income is reported. I understand this information is being given for the receipt of state funds. North Carolina Pre-Kindergarten officials may verify the information on this application. Deliberate misrepresentation of the information may subject me to prosecution under applicable state laws.

___The information on this form will be used in the determination of North Carolina Pre-Kindergarten programs. I understand that I am releasing information so that my child may be considered for the North Carolina Pre-Kindergarten I program.

___I understand there may be a waiting list for North Carolina Pre-Kindergarten services.

___I understand that if my child is selected to participate in the North Carolina Pre-Kindergarten program, parent involvement will be critical to the success of my child. I/We commit to participate as requested by North Carolina Pre-Kindergarten sites.

___I understand that transportation to and from North Carolina Pre-Kindergarten sites is the responsibility of the family.

___I give permission for my child to receive developmental, hearing, vision, dental, and/or speech and language screening while attending the North Carolina Pre-Kindergarten program.

___I understand that if there is any change in my child's status- address, attendance in any type of licensed care, phone numbers, guardianship, etc.- I will contact Central Davie Education Center immediately and inform them of changes.

___I understand that if my child participates in North Carolina Pre-Kindergarten they may be photographed and the pictures may be used in the following ways: center display, center scrapbook, newspaper, TV broadcasts, North Carolina Pre-Kindergarten related publications, etc.

Parent /Guardian Printed Name _____

***Parent/Guardian Signature Required** _____ **Date** _____

STUDENT INFORMATION CARD

FOR OFFICE USE ONLY

Student #: _____ Current as of: _____ Updated: _____ Current Hrm: _____

School Year: _____

SEE BACK OF CARD FOR IMPORTANT HEALTH SCREENING AND EMERGENCY AUTHORIZATION INFORMATION

School: _____ Homeroom Teacher: _____ Grade: _____

Last Name: _____ First Name: _____ Middle Name: _____ Suffix: _____

Birth Date: _____ Gender: _____

Ethnicity (Circle one): Hispanic/Latino

Race (Circle One or More): White Black Asian

Home Phone Number: _____

Not Hispanic/Latino

American Indian/Alaskan Native Hawaiian/Pacific Islander

Physical Address: _____
 Number Street Apt # City Zip Code

Do you have internet access at home?
 Yes No

Mailing Address: _____
 (If different) Number Street P.O Box or Apt # City Zip Code

CONTACT INFORMATION

Call order is the order contacts will be contacted in case of an emergency. Please enter email addresses for parent or guardians only.

Custody of Student: _____

Call Order	Relationship	First Name	Last Name	Home Phone	Cell Phone	Address	Place of Employment	Work Phone	Living With Student?	Can Pick Up Student?	Email Address

SIBLING INFORMATION

Student Number	First Name	Last Name	School

AUTOMATED CALL NOTIFICATION INFORMATION:

All calls from the schools will be routed to the primary home number unless noted as follows.

1. Please forward all phone messages to _____ (phone number).
2. In addition to my home number, I would also like to receive all calls (emergency, absentee, or announcements) at _____ (phone number).
3. I would like to receive all absentee phone calls at _____ (phone number).

HEALTH SCREENING AND EMERGENCY AUTHORIZATION FOR _____
 (Name of Student)

It is important that the school be aware of any current health problems that your child may have. **Please check current conditions below.**

<input type="checkbox"/> Life-threatening allergies to _____ _____ Type of emergency treatment required _____ _____	<input type="checkbox"/> Non life-threatening allergies to _____ _____ Type of treatment required _____ _____
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<input type="checkbox"/> No Known Medical Conditions <input type="checkbox"/> Diabetes Insulin dependent? ___Yes or ___No <input type="checkbox"/> Seizures Date of last seizure: _____ <input type="checkbox"/> Vision Problems: Glasses? ___Yes or ___No Contacts? ___Yes or ___No <input type="checkbox"/> Hearing Problems Hearing Aid? ___Yes or ___No <input type="checkbox"/> Heart Problems Type: _____ Medications: _____	<input type="checkbox"/> Bleeding Disorders Type: _____ Medications: _____ <input type="checkbox"/> Asthma Date of last attack: _____ Medications: _____ <input type="checkbox"/> Orthopedic Problems Describe: _____ <input type="checkbox"/> Kidney Problems Type: _____ Medications: _____	<input type="checkbox"/> Learning Disorders Special Needs: _____ Medications: _____ <input type="checkbox"/> Sickle Cell Disease <input type="checkbox"/> Other Conditions and/or Medications Routinely Taken: _____ _____ _____ _____
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My child has completed immunizations at _____ (doctor's office or clinic).

Child's Physician: _____
 Name Address Phone Number

Child's Dentist: _____
 Name Address Phone Number

Health screening and observation of students, K-12, is a legal responsibility charged to schools. I understand that my child will participate in such routine screening procedures as height, weight, vision, hearing, dental, and communicable disease.

Should it be necessary for my child to receive medications while at school I understand that I must provide a Medication Authorization Form, completed and signed by child's doctor and myself for all medication, both prescription and non-prescription. (These forms are available from the school office or on-line at the Davie County Schools web-page.) The medications should be brought to school by the parent/guardian in a properly labeled container.

In cases of serious illness or accident, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician listed on this card and to follow his/her instruction. If it is impossible to contact this physician, the school may make whatever arrangements that seem necessary to transport to _____ Hospital, with the understanding that I will bear the financial responsibility for transportation and treatment.

Signature of Parent/Guardian _____ **Date** _____



PREK REGISTRATION

Insurance Information

Insurance Carrier:

Policy Number:

Please give any information concerning your child which will be helpful in his/her experience in a group setting (such as play, eating, and sleeping habits, special fears, likes or dislikes)

Publicity Permission

Parent/Guardian Name

give permission for my child

Child's Name:

to be photographed, videotaped, and written about. These items may be used at school events, published in the newspaper, yearbook, website or other publications.

Signature:

Date:

Travel and Activity Authorization

You will receive a travel authorization for each field trip we plan during the school year. Once you receive a travel authorization form from a teacher it is important that you return it as soon as possible. If your child does not have a signed travel authorization form **three days before** the scheduled field trip they will not be able to participate. All transportation for the preschool field trips are contracted through Yveddi Transportation.

Permission to Play Planned Activities Outside of Fenced Areas of the School Campus

I will allow my child to play outside the fenced area

I will not allow my child to play outside the fenced area

Child's Name:

Parent/Guardian Signature:

Date:

Discipline and Behavior Management Policy

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy.

We:

1. Do praise, reward, and encourage the children.
2. Do reason with and set limits for the children.
3. Do model appropriate behavior for the children.
4. Do modify the classroom environment to attempt to prevent problems before they occur.
5. Do listen to the children.
6. Do provide alternatives for inappropriate behavior to the children.
7. Do provide the children with natural and logical consequences of their behaviors.
8. Do treat the children as people and respect their needs, desires, and feelings.
9. Do ignore minor misbehaviors.
10. Do explain things to children on their levels.
11. Do use short supervised periods of "time out".
12. Do stay consistent in our behavior management program.

We:

1. Do not spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.
2. Do not make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. Do not shame or punish the children when bathroom accidents occur.
4. Do not deny food or rest as punishment.
5. Do not relate discipline to eating, resting, or sleeping.
6. Do not leave the children alone, unattended, or without supervision.
7. Do not place the children in locked rooms, closets, or boxes as punishment.
8. Do not allow discipline of children by children.
9. Do not criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

I, the undersigned parent/guardian of (Child's Name):

Do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director/coordinator (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

Date of Child's Enrollment:

Signature of Parent/Guardian:

Date:

Childcare Laws and Rules Signature Page

I have received a copy of the summary of the Childcare Laws and Rules for North Carolina

Yes

No

Parent/Guardian Name (Please Print):

Date:

Child's Name:

Teacher's Name:

The following requirements apply to both centers and homes.

Transportation

Child care centers or family child care homes providing transportation for children must meet all motor vehicle laws, including inspection, insurance, license, and restraint requirements. Children may never be left alone in a vehicle and child-staff ratio must be maintained.

Records

Centers and homes must keep accurate records such as children's attendance, immunizations, and emergency phone numbers. A record of monthly fire drills practiced with safe evacuation of children must also be maintained. A safe sleep policy must be developed and shared with parents if children younger than 12 months are in care.

Discipline

Each program must have a written policy on discipline, must discuss it with parents, and must give parents a copy when the child is enrolled. Changes in the discipline policy must be shared with parents in writing before going into effect. Corporal punishment (spanking, slapping, or other physical discipline) is prohibited in all centers and family child care homes. Religious-sponsored programs which notify the Division of Child Development and Early Education that corporal punishment is part of their religious training are exempt from that part of the law.

Parental Rights

- Parents have the right to enter a family child care home or center at any time while their child is present.
- Parents have the right to see the license displayed in a prominent place.
- Parents have the right to know how their child will be disciplined.

The laws and rules are developed to establish minimum requirements. Most parents would like more than minimum care. Child care resource and referral agencies can provide help in choosing quality care. Check the telephone directory or talk with a child care provider to see if there is a child care resource and referral agency in your community. For more information visit the Resources in Child Care website at: www.ncchildcare.nc.gov. For more information on the law and rules, contact the Division of Child Development and Early Education at 919-527-6500 or 1-800-859-0829 (In State Only), or visit our homepage at: ncchildcare.nc.gov.

Reviewing Files

A public file is maintained in the Division's main office in Raleigh for every center or family child care home.

These files can be

- viewed during business hours;
- requested via the Division's web site at www.ncchildcare.nc.gov; or
- requested by contacting the Division at 1-800-859-0829.

How to Report a Problem

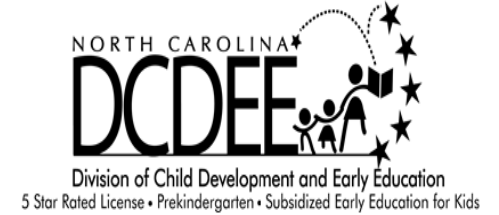
North Carolina law requires staff from the Division of Child Development and Early Education to investigate a licensed family child care home or child care center when there has been a complaint. Child care providers who violate the law or rules may be fined up to \$1,000 and may have their licenses suspended or revoked. If you believe that a child care provider fails to meet the requirements described in this pamphlet, or if you have questions, please call the Division of Child Development and Early Education at 919-527-6500 or 1-800-859-0829.

Child Abuse or Neglect

Abuse occurs when a parent or caregiver injures or allows another to injure a child physically or emotionally. Abuse may also occur when a parent or caregiver puts a child at risk of serious injury or allows another to put a child at risk of serious injury. Neglect occurs when a child does not receive proper care, supervision, discipline, or when a child is abandoned.

North Carolina law requires any person who suspects child abuse or neglect to report the case to the county department of social services. In

addition, any person can call the Division of Child Development and Early Education at 919-527-6500 or 1-800-859-0829 and make a report of suspected child abuse or neglect in a child care operation. Reports can be made anonymously. A person cannot be held liable for a report made in good faith. The operator of the program must notify parents of children currently enrolled in writing of the substantiation of any abuse/neglect complaint or the issuance of any administrative action against the child care facility.



Summary of the North Carolina Child Care Law and Rules

Division of Child Development
and Early Education

North Carolina Department of
Health and Human Services
820 South Boylan Avenue
Raleigh, NC 27603

Revised **December** 2014

The North Carolina Department of Health and Human Services does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or provision of services.

What Is Child Care?

The law defines child care as:

- three or more children under 13 years of age
- receiving care from a non-relative
- on a regular basis - at least once a week
- for more than four hours per day but less than 24 hours.

The North Carolina Department of Health and Human Services is responsible for regulating child care. This is done through the Division of Child Development and Early Education. The purpose of regulation is to protect the well-being of children while they are away from their parents. The law defining child care is in the North Carolina General Statutes, Article 7, Chapter 110.

The North Carolina Child Care Commission is responsible for adopting rules to carry out the law. Some counties and cities in North Carolina also have local zoning requirements for child care programs.

Star Rated Licenses

Centers and homes that are meeting the minimum licensing requirements will receive a one star license. Programs that choose to voluntarily meet higher standards can apply for a two through five star license. The number of stars a program earns is based upon the education levels their staff meet and the program standards met by the program.

Family Child Care Homes

A family child care home is licensed to care for five or fewer preschool age children, including their own preschool children, and can include three additional school-age children. The provider's own school-age children are not counted. Family child care homes will be visited at least annually to make sure they are following the law and to receive technical assistance from child care consultants. Licenses are issued to family child care home providers who meet the following requirements:

- Home providers must be 21 years old with at least a high school education or its equivalent, and mentally and emotionally capable of caring for children.
- He or she must undergo a criminal records background check initially, and every three years thereafter.
- All household members over age 15 must also undergo a criminal records background check initially, and every three years thereafter.
- All family child care home providers must have current certification in CPR and first aid and complete an ITS-SIDS training (if caring for infants

0 -12 months) every three years. They also must complete a minimum number of training hours annually.

All family child care homes must meet basic health and safety standards. Providers must maintain verification of children's immunization and health status. They must provide developmentally appropriate toys and activities, as well as nutritious meals and snacks for the children in care. All children must participate in outdoor play at least one hour per daily, if weather conditions permit.

Child Care Centers

Licensing as a center is required when six or more preschool children are cared for in a residence or when three or more children are in care in a building other than a residence. Religious-sponsored programs are exempt from some of the regulations described below if they choose to meet the standards of the Notice of Compliance rather than the Star Rated License. Programs that operate for less than four consecutive months, such as summer camps, are exempt from licensing. Child care centers may voluntarily meet higher standards and receive a license with a higher rating. Centers will be visited at least annually to make sure they are following the law and to receive technical assistance from child care consultants.

Licensed centers must meet requirements in the following areas.

Staff

The administrator of a child care center must be at least 21, and have at least a North Carolina Early Childhood Administration Credential or its equivalent. Lead teachers in a child care center must be at least 18 and have at least a North Carolina Early Childhood Credential or its equivalent. If administrators and lead teachers do not meet this requirement, they must begin credential coursework within six months of being hired. Staff younger than 18 years of age must work under the direct supervision of staff 21 years of age or older. All staff must complete a minimum number of training hours including ITS-SIDS training for any caregiver that works with infants 12 months of age or younger. At least one person on the premises must have CPR and First Aid training. All staff must also undergo a criminal records background check initially, and every three years thereafter.

Ratios

Ratios are the number of staff required to supervise a certain number of children. Group size is the maximum number of children in one group. Ratios and group sizes

for licensure are shown below and must be posted in each classroom.

Age	Teacher : Child Ratio	Maximum Group Size
0-12 months	1:5	10
12-24 months	1:6	12
2 years old	1:10	20
3 years old	1:15	25
4 years old	1:20	25
School-age	1:25	25

Small centers in a residence that are licensed for six to twelve children may keep up to three additional school-age children, depending on the ages of the other children in care. When the group has children of different ages, staff-child ratios and group size must be met for the youngest child in the group.

Space and Equipment

To meet licensing requirements, there must be at least 25 square feet per child indoors and 75 square feet per child outdoors. Outdoor play space must be fenced. Indoor equipment must be clean, safe, well maintained, and developmentally appropriate. Outdoor equipment and furnishings must be child size, sturdy, and free of hazards that could injure children.

Curriculum

Four and five star programs must use an approved curriculum in their four-year-old classrooms. Other programs may choose to use an approved curriculum to get a quality point for the star-rated license. Child care programs choose the type of curriculum appropriate for the ages of the children enrolled. Activity plans must be available to parents and must show a balance of active and quiet, and indoor and outdoor activities. Rooms must be arranged to encourage children to explore, use materials on their own and have choices.

Health and Safety

Children must be immunized on schedule. Each licensed center must ensure the health and safety of children by sanitizing areas and equipment used by children. Meals and snacks must be nutritious, and children must have portions large enough to satisfy their hunger. Food must be offered at least once every four hours. Local health, building, and fire inspectors visit licensed centers to make sure standards are met. All children must be allowed to play outdoors each day (weather permitting) for at least an hour a day for preschool children and at least thirty minutes a day for children under two. They must have space and time provided for rest.

NORTH CAROLINA
Pre-KINDERGARTEN HEALTH ASSESSMENT REPORT

(Approved by North Carolina Department of Public Instruction and Department of Health and Human Services)

Personal Data *Please bring your child's shot records with you to this visit *

Please Print Clearly - See other side for more required information. Please present completed form to your child's school.

Child's Name _____ (Last) _____ (First) _____ (Middle)

Birth Date: ____ / ____ / 20 ____ (mm/dd/yyyy)

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____ Phone: _____

Yes No

- Are you concerned about your child's health, weight, development or behavior?
Does anyone in your family have a condition that has affected their health, weight, development or behavior? (Please explain in the comments section)
Has your child been seen by a provider for any health, weight, development or behavior concern?
Has your child had a dental exam by a dentist in the last 12 months?
Has your child had a well-child visit or check-up in the last 12 months?

Comments: _____

Parental Consent: I agree to allow my child's health care provider and school personnel to discuss information on this form and allow the Department of Health and Human Services to collect and analyze information from this form to better understand health needs of children in NC. Signature: _____ Date: _____

Recommendations to School Personnel Based on Health Assessment

No Recommendations, Concerns or Needs Requesting School Follow Up

Medication

Child takes medicine for specific health conditions:

List medication(s): 1. _____ 2. _____ 3. _____ 4. _____

Medication must be given and/or available at school

Allergy

Food: _____ Insect: _____ Medicine: _____ Other: _____

Type of allergic reaction: Anaphylaxis Local reaction

Response required: Epinephrine Auto-injector Other: _____ None

Developmental Concerns Identified (See comments below)

Child needs referral to school support team for further evaluation.

Special Diet

Guidance: _____

Health-Related Recommendations to Enhance School Performance

For example: sitting near the front of classroom, special equipment needs.

Please specify: _____

School Health Forms Attached

- School Medication Authorization Form Diabetes Care Plan Asthma Action Plan
Health Care Plan(s) List Condition _____

Comments: _____

Was this assessment completed in the child's regular health care provider's office? yes no
If no, please provide a copy to the child's parent to give to the child's regular health care provider.

Health Care Professional's Certification - Attach a copy of the immunization record.

I certify that the information on this form is accurate and complete to the best of my knowledge.

Provider's Name: _____

Provider Stamp Here

Provider's Signature: _____ Date: _____

Practice/Clinic Name: _____

Practice/Clinic Address: _____

Practice/Clinic City, State & Zip: _____

Practice Phone: _____ Fax: _____



PARENT

HEALTH CARE PROVIDER

PARENT

Child's Birthdate: ___/___/20___ (mm/dd/yyyy) Race: 1 Other Non-White 5 Chinese 9 Other Asian
 Sex: 1 Male 2 Female 2 White 6 Japanese 10 Unknown
 County of Residence: _____ 3 Black 7 Hawaiian
 Zip Code: _____ 4 American Indian 8 Filipino
 Hispanic or Latino Origin: 1 Yes 2 No

School your child will be attending: _____

Place where your child gets regular health care:

1 Health Department 4 Private Doctor/HMO
 2 Hospital Clinic 5 Other _____
 3 Community Health Center 6 No regular place

Child has:
 1 Medicaid 3 No Insurance
 2 Private Insurance/HMO 4 Other: _____

Doctor/Practice Name: _____
 Dentist Name: _____

Date of Health Assessment: ___/___/___

The health assessment must be conducted by a physician licensed to practice medicine, a physician's assistant as defined in General Statute 90-18, a certified nurse practitioner, or a public health nurse meeting the state standards for Health Check Services.

Immunizations - Attach a copy of the immunization record.

Pertinent Illnesses, Risks or Developmental Problems: (Please check all that apply)

<input type="checkbox"/> Allergy	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Orthopedic Conditions
<input type="checkbox"/> Anemia <input type="checkbox"/> At-Risk for Anemia	<input type="checkbox"/> Emotional/Behavioral	<input type="checkbox"/> Prematurity (<32 wks. EGA)
<input type="checkbox"/> Asthma	<input type="checkbox"/> Encopresis	<input type="checkbox"/> Seizures/Convulsions
<input type="checkbox"/> Attention/Learning	<input type="checkbox"/> Enuresis (Daytime)	<input type="checkbox"/> Sickle Cell Anemia <input type="checkbox"/> Trait
<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Genetic Disorders	<input type="checkbox"/> Speech/Language
<input type="checkbox"/> Cancer/Leukemia	<input type="checkbox"/> Heart Conditions	<input type="checkbox"/> Tuberculosis <input type="checkbox"/> At-Risk for TB
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Hearing Disorders	<input type="checkbox"/> Vision Disorders
<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Kidney Disorders	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Dental Conditions	<input type="checkbox"/> Lead (Hx of ≥ 10 mcg/dL) <input type="checkbox"/> At-Risk <input type="checkbox"/> Test done	<input type="checkbox"/> None
	<input type="checkbox"/> Obesity	

Screening Results

Development	Screening Tool(s) Used:	Developmental Domains:	Within Normal	Concern Identified	Referred to Specialist	Comments:
	<input type="checkbox"/> 1 PEDS <input type="checkbox"/> 4 PSC <input type="checkbox"/> 2 ASQ <input type="checkbox"/> 5 ASQ-SE		1	2	3	
		Emotional/Social	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Language/Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Fine Motor Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Gross Motor Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Hearin	Hearing	1000 Hz	2000 Hz	4000 Hz	Screening Tool Used:	<input type="checkbox"/> 1 Pass <input type="checkbox"/> 2 Scheduled for re-screen due to middle ear fluid. Re-screen appt. in _____ weeks. <input type="checkbox"/> 3 Referral to audiologist/ENT (check if yes) <input type="checkbox"/> 4 Child has previously diagnosed hearing loss. Screening is not necessary.
	Right					
Left				<input type="checkbox"/> 2 Audiometry		

Indicate Pass (P) or Refer (R) in each box. Refer means any failure at any frequency in either ear at >20dB.

Please remember that vision screening is not a substitute for a comprehensive eye examination.

	Right	Left	Stereopsis	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Far:	20/	20/		Acuity Test Used:

Was test performed with corrective lenses? yes no

1 Pass (Acuity, Stereopsis, & Symptoms)
 2 Referral to eye doctor (check if YES) Refer if worse than 20/40 in either or both eyes, a two line difference between eyes, unable to test, failed stereopsis, or signs of disease.
 3 Child has a diagnosed vision condition and has had an eye exam in the last 12 months. Screening is not necessary.

Physical Examination

Weight: _____ lbs. Height: _____ ft. _____ in.

Body Mass Index (BMI) - for age: _____

<input type="checkbox"/> 1 Underweight (< 5%ile)	HEENT	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 2 Healthy Weight (5%ile to < 85%ile)	Dental/Oral	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 3 Overweight (85%ile to < 95%ile)	Lungs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 4 Obese (≥ 95 %ile)	Cardiac	<input type="checkbox"/>	<input type="checkbox"/>
Blood Pressure: _____ / _____	Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 1 Within Normal Range	Neurological	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 2 > 90 th Percentile (_____ %ile)	Back/Extremities	<input type="checkbox"/>	<input type="checkbox"/>
	Genital	<input type="checkbox"/>	<input type="checkbox"/>
	Skin	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

HEALTH CARE PROVIDER